

Meeting Minutes

HIPAA Consortium Meeting

11/22/2002

2:00PM to 5:00PM

701 E Jefferson, 3rd Floor, Gold Room

Meeting hosted by:

Tina McClung, AHCCCS HIPAA Advisor & SME

Attendees:

DES/DDD

Aidan Frazier

April McCool

Dennis W. Sylvia

Nicole Yarborough

PHS

Mark Hart

MCP & Schaller Anderson

Anne Romer

Art Schenkman

HCA

Stacey Kruse

Carol Smallwood

Mike Uchirin

Phoenix Health Plan

Greg Lucas

University Family Care

Teesa Johnson

Kathleen Oestreich

MIHS

Donna Beyer

AHCCCS

Linda Barry

Kathy Bezon

Sandy Biggs

Deborah Burrell

Christina Echavarria

Angela Fischer

Geoff Foden

Gary Heller

Margo Himes

Beth Jankovic

Tina McClung

Nancy Mischung

Brent Ratterree

Diane Sanders

Daniel Saunders

Dave Walter

FourThought Group

Yovani Flores

EP&P

Mitzi Miller

ADHS

C. J. Major

Carl Phillip

Jerri Gray

Yavapai County

David Soderberg

HCSO

Michael Wells

AP/IPA

David Wormell

Sharon Zamora

CIGNA

Jack Corcoran

Evercare - United

Paula Bloodhart

Vicki Johnson

CHS

Paula Almada

Susan Speicher

Agenda Topics

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| h. Response to MCO Issue List Submitted to AHCCCS | Gary Heller |
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1. Welcome and Introduction

Tina welcomes all attendees and apologizes for the confusion caused by the flurry of emails on the 21st regarding upcoming Consortium meetings. She reminds attendees that a list of scheduled Consortium meetings has been included in the handouts.

Today, Angela Fischer will provide an update on statewide HIPAA activities and Geoff Foden will give a brief update on privacy and security, but the bulk of the meeting will be spent providing an update on the TCS project.

2. General Housekeeping Items

Tina reminds attendees to please be sure to sign in.

Tina circulates a list of current team rosters and asks that attendees make any necessary updates to these listings – eliminating names of those no longer with attendee organizations or no longer affiliated with HIPAA, adding names of those who should be included, and adding or correcting email addresses.

Minutes from last Consortium Meeting were sent to members with today's agenda. No updates or comments are given; the minutes are considered to be accepted.

3. Purpose and Scope of Meeting

The emphasis of these meetings is to solicit input from the attendees. AHCCCS intends to provide substantive information on timelines, companion documents, implementation planning information and to discuss future Consortium meetings.

4. Update on State-Wide HIPAA Activities

Angela confirms that Arizona plans to become a hybrid covered entity. Arizona is in the process of determining covered components and compiling the document that serves as the entity designation.

HIPAA AZ, a group of all affected state agencies, meets monthly and includes workgroups that address legal issues, issues affecting correctional facilities and security and data encryption issues to provide the state with an overall strategy for security and data encryption issues.

Arizona filed for and received an implementation delay. If anyone needs that number, it is available.

Q: I thought you had to already be defined as a hybrid before you could file for the extension. Is this correct?

A: Yes, that is true. We are already defined as a hybrid entity and are just now formalizing the paperwork.

5. Update on AHCCCS HIPAA Activities

a. Work Group Activities

Tina references her slides (printed on handout materials) that delineate TCS project activities that fall into three categories: Completed, In Progress, and Still to Do.

Completed

- ~ Mapping of all HIPAA transactions
- ~ Mapping of all HIPAA codes and values
- ~ Business gap analysis
- ~ General remediation plan

In Progress (These items will continue to remain in progress throughout the implementation date because of the staggered approach.)

- ~ Local code mapping
- ~ Workgroups with Trading Partners
- ~ Requirements analysis for remediation
- ~ Transition, contingency and implementation planning
- ~ Acquisition of HIPAA translator
- ~ Development of testing criteria and procedures
- ~ Development of companion documents
- ~ Development of trading partner and business associate agreement language
- ~ Trading partner and business associate outreach

Still to Do

- ~ Validate technical infrastructure
- ~ Develop formal system design for remediation
- ~ Sign contracts with new HIPAA agreement language
- ~ Coding and Internal testing
- ~ Business to business (B2B) testing

Tina notes that the only thing open in workgroup activities are the Maintenance Reason Codes for Auto Assign and Enrollment Choice for the 834/820. Tina received an email from DSMO with a reference to those values from an implementation guide, but she notes that she has yet to see this same information on the DSMO agenda.

Tina will follow up on this and find out when it will be heard and whether these are available now or

if they will be available with the 4050 implementation guide. If they are included in the 4050, then an alternative must be found to be able to communicate these values – perhaps through a supplemental (like the TPL).

Ad hoc meetings will be called for the 834/820 group.

Q: Rather than using a supplemental, can we string this in with the 2300, along with rate code information?

A: We have the ability to do that, but we would still need to change it later on. This will be noted with the design issues.

Other design issue examples, to be considered during remediation, include using the sequence number on the current file to display the information in the processing sequence on the HIPAA transaction.

Ad hoc meetings will be called during remediation and testing for the encounter group.

That group has finished the dental and professional and started on the institutional. Many of the loops are similar in all three and work should move swiftly since they contain much of the same information. But much review is left including: NCPDP, unsolicited 277 and 835 for reinsurance. Then Tina would like to review across the 837's to ensure that consistent decisions were made in all the loop elements.

At present, meetings are scheduled through December 17th, but this may be insufficient. The NCPDP is ready and Tina will circulate this document.

Tina thanks Pima Health Systems for a mapping of what coming in from the MCOs on paper to the HIPAA format and data. Tina has added a column of workgroup decisions to this matrix and plans to circulate the updated document next week (week of 12/2/02).

Local code mappings – BH codes and some LTC codes have yet to be finalized at the national level, but Tina notes that the local code mappings are expected to be complete by January.

b. AHCCCS HIPAA Web Site

The website is in production – a link is available through the AHCCCS home page. The path is as follows: <http://www.ahcccs.state.az.us/HIPAA>

The content is limited at present to schedules, Consortium documents, agendas and meeting minutes and external HIPAA links.

The news and documents links are presently placeholders. Plans for the document link include posting companion documents and test plans schedules and status updates.

The email address can be used to provide comments or suggestions on the website itself or to provide feedback on the Consortium.

Q: Can Tina's mapping workpapers be added to the website's Documentation link, at least until the companion documents are available? How about the local code crosswalks?

A: Yes, but with the caution that only draft versions are available
The local codes sets can be added as well.

Q: Can AHCCCS develop the companion documents using the upcoming national template (devised for January implementation as a result of the WEDI summit) for the format of the companion documents?

A: Refer to the TPA Use Guidelines handout that references a CMS workgroup paper on HIPAA

agreements. (see 5.c below) Tina will investigate this suggestion to look at the template and determine if documents should be converted to that format, if appropriate.

c. Trading Partner Agreements – Companion Documents

Tina references the Matrix of Agreements and Contracts under HIPAA handout.

Primary contracts between AHCCCS and their trading partners and business associates, that define their legal roles and responsibilities, are not addressed by HIPAA and will continue to transpire through the existing process.

Trading Partner Agreements (TPA) define the technical interface guidelines and clarify TCS data requirements to ensure that they do not conflict with HIPAA. While HIPAA does not require these, they are suggested. AHCCCS will handle these as separate documents referenced in the primary contracts.

Business Associate Agreements (BAA) are used to ensure compliance with HIPAA Privacy for PHI (public health information), including data, that is traded electronically. AHCCCS only has about five business associates with whom they are trading electronically (e.g., MIPS, PBM, third party recovery, EVS contractor). AHCCCS will place language in the primary contracts of these business associates that ensures compliance with HIPAA Privacy for PHI. A one year extension has been granted for these agreements unless the contract is set to expire within the year, in which case the contract should include the BAA as part of the contract renewal.

Chain of Trust Agreements are tied to HIPAA security which has yet to be finalized and applies to both trading partners and business associates to ensure data security for PHI traded electronically. Once HIPAA's Security Rule is finalized, AHCCCS will incorporate the required language into the primary contracts.

Tina references the draft version of the Companion Document handout.

Much of the first sections will apply to all of the TPAs. Several items are not finalized yet including: the technical environment information; the procedures for transmission acknowledgement, rejection and resending; ongoing testing. The testing information in the companion document is not the implementation testing material, but information related to ongoing testing as new things are added to HIPAA or new plans are added. The implementation testing information will be contained in a separate document from the TPA.

The whole assessment of AHCCCS' technical infrastructure including the translator, the new hardware and communications software will impact the contents of the final version of this document. As is, the draft document contains current information as derived from interviews with network staff. This draft will be posted on the website during the week of 11/25/02. Please review and return comments to Tina by 12-17-02. The document will be in a final format in time for B2B testing.

Section 2 describes the current process for schedules.

Section 3 addresses security issues such as the variety of forms required to access the system and naming conventions. Improvements to this section will help standardize points of contact.

Section 4 of this document includes text from the implementation guide that shows that more balancing will be required between the 820 and 834; testing procedures, front end edits, acknowledgement and rejection procedures.

Section 5 contains the transaction agreements or TPAs that include the matrices for the 834 and 820 transactions. The workpapers completed in the workgroups have been placed in these matrices

including the loop ID, segment ID, element ID, element definition, valid value, definition and source. Note that the 820 is presented for ADHS/BHS as an aggregate model but this is still being finalized.

Q: Will AHCCCS test with a testing certification process?

A: There are two levels of HIPAA certification. One is a “floor to ceiling” comprehensive certification provided by an independent auditing firm. The other qualifies testing entities into any of seven types of testing compliances. AHCCCS will eventually provide a list of recognized vendors suitable for certifying a testing entity’s compliance type. AHCCCS has yet to establish a test type compliance level, but type 5 seems like a probable choice. This type of compliance would help minimize problems and encourage the exchange of transactions to expedite the translation and processing.

Art Schenkman of Schaller Anderson comments that these types are evaluating independent compliance issues. All types may not be necessary for all transactions.

A white paper on this topic is available on the website.

d. AHCCCS RFP for HIPAA Translator

AHCCCS to contract a translator that will, in turn, require additional hardware and software. An independent assessor will be contracted to evaluate AHCCCS’ technical infrastructure, including the translator and network configurations and current hardware and software. The assessor will determine if these are sufficient to support HIPAA environment and define necessary communication protocols.

At present, AHCCCS is in the evaluation process of the proposals received. Upon selection, the contract must be approved by CMS before engaging in any work with the selected offerer. AHCCCS anticipates a selection by the week of 12/2/02 and will hope for a quick turnaround by CMS.

e. Update on AHCCCS Timeline for Remediation & Testing

Geoff references the Schedule handout. The project schedule is updated weekly and the key dates and milestones are published on the website. The main difference from the published dates when compared to those distributed in September is that the dates in Group 1 had to be extended upon incorporating the need to solicit proposals for the translator. Perhaps the most important date that has moved is the start of testing for the trading partner – now scheduled for late March 2003. The timeframe remains tight however, considering that system integration testing is scheduled to begin in late January 2003. So far, there is no impact to Group 2, but if there is further delay with Group 1, then a possibility exists that testing with both Group 1 and Group 2 at the same time may be required.

f. AHCCCS HIPAA Test Manager – B2B Test Criteria & Plan

This individual will be the primary point of contact for test coordination efforts. AHCCCS’ first choice for this position did not pan out and further interviews are being conducted. However, the planned start date for this position remains 12/9/02.

The output of test planning will be published on the website – giving everyone access to information detailing where everyone is at, what’s left to do and associated timings.

g. AHCCCS Transition, Contingency and Implementation Planning

Dave Walter is the lead resource for developing the coordination of transition, contingency and implementation planning. He will prepare a plan outline and checklist with significant input from AHCCCS staff, trading partners and business associates.

h. AHCCCS HIPAA Test Manager – B2B Test Criteria & Plan

Gary references a handout entitled AHMC MCO Recommendations. Many of these questions arose because of a lack of AHCCCS sharing their strategy and direction.

Items 1-7: No consortium comments to AHCCCS response – items closed.

Item 8: Note that this should be applicable to all meetings, particularly the workgroup meetings

Item 9: **Q:** Can a FAQ list be made from these emailed inquiries?

A: An action item issue tracking database has been conceived as a most appropriate method of generating rapid responses to these inquiries. Open issues remaining on this list will become agenda topics at all future meetings to facilitate a response.

Item 10: To clarify, Dave Walter's functions as the issue control person.

Item 11: MCOs concerns surround the divergent interpretations that can be arrived at when customizing the translator. A specific example cited involved the validity checking on fields (particularly unused fields) for transaction sets that may ultimately compromise security. Also, it is pointed out that relaxing edits, in effect, modifies the HIPAA certified transactions thereby compromising the certification of that transaction.

Angela encourages input on vendor experiences that may be useful.

Items 12-13: No consortium comments to AHCCCS response – items closed.

Item 14: Brent Ratterree or Lydia Ruiz may be contacted for inclusion on this email circulation.

6. Update on AHCCCS HIPAA Privacy & Security Project

By Phase 3 (Remediation), AHCCCS anticipates some impact to its applications, particularly the Security Subsystem, but policies and procedures will be most affected. Updates to these documents will be given priority based upon severity and importance.

Phase 1 (Pre-assessment) is complete. Phase 2 (Detailed Assessment) is about 50% complete with an anticipated completion date of mid-January 2003 at which time, pending receipt of draft materials from the vendor, Phase 3 (Remediation) can begin – ahead of schedule.

Q: Has any stringency analysis been done yet?

A: This has not been completed at a statewide level, but this topic is part of the HIPAA AZ meeting agenda. Upon completion, Angela will ensure that this set of findings are published.

7. Wrap-up – Other Questions and Concerns

Q: Since it has been determined that Encounters Reporting is not a required transaction, can this piece be delayed?

A: We can consider this and other alternatives such as the moratorium placed on all reporting in 1991 upon the implementation of PMMIS.

8. Schedule for Next Meeting

The next AZ HIPAA Medicaid Consortium (AHMC) meeting is scheduled for Wednesday, January 15, 2003. All meetings are scheduled to be held at AHCCCS, 701 East Jefferson, 3^d floor.

Also, please note a change to the handout distributed for upcoming AZ HIPAA Medicaid Consortium Meetings. The meeting listed for November 12, 2003 is incorrect. **The correct date is Thursday, November 13, 2003.** Please refer to the schedule posted on the website for the latest updates.